Complete Summary

TITLE

Geriatrics: percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months.

SOURCE(S)

American Geriatrics Society, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Geriatrics physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Aug. 41 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months.

RATIONALE

A treatment option should be documented for the patient with incontinence.*

*The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:

All conservative management options used in younger adults can be used in selected frail, older, motivated people. This includes:

- bladder retraining
- pelvic muscle exercises including biofeedback and/or electro-stimulation (International Consultation on Incontinence [ICI])

Pharmacologic agents, especially oxybutynin and tolterodine, may have a small beneficial effect on improving symptoms of detrusor overactivity in women. (American College of Obstetricians and Gynecologists [ACOG])

Oxybutynin and potentially other bladder relaxants can improve the effectiveness of behavioral therapies in frail older persons. (ICI)

PRIMARY CLINICAL COMPONENT

Geriatrics; urinary incontinence; documented care plan (behavioral interventions [e.g., bladder training, pelvic floor muscle training, prompted voiding], referral to specialist, surgical treatment, reassess at follow-up visit, lifestyle interventions, addressing co-morbid factors, modification or discontinuation of medications contributing to urinary incontinence, or pharmacologic therapy)

DENOMINATOR DESCRIPTION

All female patients aged 65 years and older with a diagnosis of urinary incontinence

NUMERATOR DESCRIPTION

Patients with a documented plan of care for urinary incontinence at least once within 12 months (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

 A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

• Urinary incontinence in women.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Leatherman S, McCarthy D. Quality of health care for medicare beneficiaries: a chartbook. Focusing on the elderly living in the community. Vol. 815New York (NY): Commonwealth Fund; 2005 May. 184 p.

Wenger NS, Roth CP, Shekelle PG, Young RT, Solomon DH, Kamberg C, Chang JT, et al. A controlled trial of a practice-based intervention to improve primary care for falls, incontinence, and dementia. SGIM 28th Annual Meeting. New Orleans (LA). Society for General Internal Medicine; 2005.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses Physician Assistants Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 65 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All female patients aged 65 years and older with a diagnosis of urinary incontinence

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All female patients aged 65 years and older with a diagnosis of urinary incontinence

Inclusions

None

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition Patient Characteristic

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients with a documented plan of care* for urinary incontinence at least once within 12 months

*Note: Plan of care may include behavioral interventions (e.g., bladder training, pelvic floor muscle training, prompted voiding), referral to specialist, surgical treatment, reassess at follow-up visit, lifestyle interventions, addressing co-morbid factors, modification or discontinuation of medications contributing to urinary incontinence, or pharmacologic therapy.

Inclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #5: plan of care for urinary incontinence for women aged 65 years and older.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

Geriatrics Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the American Geriatrics Society, the National Committee for Quality Assurance, and the Physician Consortium for Performance Improvement®

DEVELOPER

American Geriatrics Society
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Nov

REVISION DATE

2007 Aug

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Geriatrics Society, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Geriatrics physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Aug. 41 p.

MEASURE AVAILABILITY

The individual measure, "Measure #5: Plan of Care for Urinary Incontinence for Women Aged 65 Years and Older," is published in the "Geriatrics: Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on August 13, 2008. The information was verified by the measure developer on September 30, 2008.

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